

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PRORATION OFFICE	

TEXAS OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
CONNECTION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

Operator <b>TEXACO Inc.</b>	
Address <b>P. O. Box 720, Hobbs, New Mexico 80240</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	<b>CASINO GAS MUST NOT BE PLACED ON THE UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.</b>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>U. D. Sawyer</b>	Section <b>6</b>	Pool Name Including Formation <b>Crossroads, Devonian</b>	Kind of Lease State, Federal or Free	Lease No.
Location				
Unit Letter <b>H</b>	1980	North	990	Feet From The <b>East</b>
Line of Section <b>34</b>	Township <b>9-S</b>	Range <b>35-E</b>	, NMPM, <b>Lea</b> County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<b>Mobil Pipe Line Company</b>	<b>P. O. Box 1073, Midland, Texas 79701</b>			
Name of Authorized Transporter of Gas <input type="checkbox"/> or Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<b>None</b>				
If well produces oil or liquids, give location of tanks.	Section <b>A</b>	Range <b>34 9-S 36-E</b>	Is it actually connected? <b>No</b>	Other

If this production is commingled with that from another lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.
Date Spudded <b>6-11-72</b>	Date Began Producing <b>8-6-72</b>		Total Depth <b>12175'</b>		Bottom			
Elevations (DF, RKB, RT, CR, etc.) <b>4019 DF</b>	Name of Pool and Formation <b>Crossroads Devonian</b>		Top Oil/Gas Pay <b>12136</b>		Producing Depth <b>4755'</b>			
Perforations <b>2 JSPF 12136-12146'</b>					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>14 1/2"</b>	<b>11 3/4"</b>		<b>350</b>		<b>250</b>			
<b>11"</b>	<b>8 5/8"</b>		<b>5000'</b>		<b>1220</b>			
<b>7 7/8"</b>	<b>5 1/2" Liner</b>		<b>12175'</b>		<b>1200</b>			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours

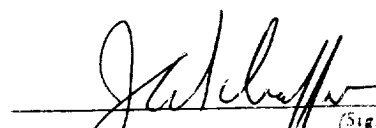
Date First New Oil Run To Tanks <b>6-6-72</b>	Date of Test <b>9-2-72</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 Hr.</b>	Tubing Pressure <b>-</b>	Casing Pressure <b>-</b>	Choke Size <b>-</b>
Actual Prod. During Test	Oil - Bbls. <b>221</b>	Water - Bbls. <b>847</b>	Gas - MCF <b>TSTM</b>


GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

  
(Signature)  
**Assistant District Superintendent**  
(Title)  
**9-5-72**  
(Date)

OIL CONSERVATION COMMISSION  
**SEP 6 1972**  
APPROVED  
BY   
TITLE **SUPERVISOR DISTRICT I**

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.

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RECEIVED

SEP 6 1972  
OIL CONSERVATION COMM.  
HOUSTON, N. M.